



# The Heart of Berkeley Lab

\* Science for Health, Assistance, Resources, Education and Services

☐ Payroll deduction(s) for \$ \_\_\_\_\_ per month, effective January 2015  
☐ One-Time payroll deduction for \$ \_\_\_\_\_ effective January 2015  
☐ Check (attached) for \$ \_\_\_\_\_ = \$

**Grand Total Annual**

Please make checks to agencies payable to the Federation with which it is affiliated. Include a separate check for each federation.

You may designate some or all of your gift generally to any Federation(s), specifically to any member charity(ies) or to any charity in the U.S. To make a gift to any individual charity(ies), please include the individual code number, and/or agency name the gift amount, and list it under the applicable Federation. The total payroll deduction pledge to any Federation and Affiliates must total \$1 or more per pay period (\$12/year). **Use ball point pen please!**

Code	Agency Name	Monthly Gifts	Subtotal
999	Community Health Charities of California	\$ _____	
		\$ _____	
		\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$ <span style="border: 1px solid black; padding: 2px 20px;"></span>
100	Bay Area Black United Fund	\$ _____	
		\$ _____	
		\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$ <span style="border: 1px solid black; padding: 2px 20px;"></span>
A-001	EarthShare California	\$ _____	
		\$ _____	
		\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$ <span style="border: 1px solid black; padding: 2px 20px;"></span>
10187	Global Impact	\$ _____	
		\$ _____	
		\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$ <span style="border: 1px solid black; padding: 2px 20px;"></span>
L2000	Local Independent Charities	\$ _____	
		\$ _____	
		\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$ <span style="border: 1px solid black; padding: 2px 20px;"></span>
	Berkeley Lab SHARES	\$ _____	
		\$ _____	
		\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$ <span style="border: 1px solid black; padding: 2px 20px;"></span>
A-400	Foundation For The Arts In Alameda County	\$ _____	
		\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$ <span style="border: 1px solid black; padding: 2px 20px;"></span>

## Donor Choice Plan Make checks payable to Community Health Charities of California.

To designate to an agency not listed, please enter your choice in this section. The agency must be a qualified tax-exempt organization.

For donor choice plan (non-member charities), the processing fee is 15%. Tax ID# \_\_\_\_\_.

Agency \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: If you wish to be acknowledged by the Federation or Agency of your choice, please complete the following information:

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_